NHS
Lancashire Teaching Hospitals
NHS Foundation Trust

Welcome to Delivery Suite

We hope that you thoroughly enjoy your delivery suite placement.

Excellent care with compassion

@LancsHospitals

Orientation

On your first day please familiarise yourself with the following:

Area/ equipment	Date	Confirmation signature
Drug fridge in clean utility room		
Emergency/PPH trolley		
Adult resuscitation trolley		
Neonatal resuscitation bays 1 and 2		
Out of area emergency/transfer bag		
In-utero transfer bag		
Emergency use volumetric pump store		
Staff room/ toilets		
Handover room		

House keeping

Delivery suite is all about working as a team and placing the woman at the centre of everything that we do.

Please respect all memembers of the team, especially our health care assistants, housekeeper and domestic staff.

Please keep your room clean and tidy and please ensure that you don't over fill your linnen and rubbish bags. The delivery suite health care assistants will be more than happy to help you change bags if you ask them.

If an item of equipment is broken, please don't put it back and pick another up – instead report it or leave a note for gail our housekeeper. If you take the last of something out of the draw please top the stock up or ask Gail or one of our health care assistants to when they get chance. Emergency equipment such as the tom thumb neonatal resuscitaires (in each room) should be checked as a minimum daily. It is good practice when you take a lady into a room, that you check the tom thumb to ensure it is stocked and in working order. After the use of a tom thumb or the panda resuscitaire in theatre please clean and restock the equipment – this is the responsibility of the midwife not the health care assistants or theatre staff.

Sharps safety – please use the sharps bins in the room for safe disposal of sharps. Never over fill a sharps bin, if it approaching the fill line please change the sharps bin. Do not dispose of IV giving sets in the sharps bins, we have a dedicated bin for these in the sluice.

When taking bed pans/ vomit bowls to the sluice wear an apron and gloves to protect yourself and keep your uniform clean.

Please take responsibility for your room and your equipment. This keeps women, babies and staff safe.

Help who to call

The only silly question is the question that you don't ask. Please ask, the delivery suite co-ordinators expect you to ask quesstions (about everything) and they worry more when you don't ask questions. Whatever the question may be – please ask.

When wanting a second opinion please ask the delivery suite co-ordinator. Escalate any concerns to the delivery suite co-ordinator.

Neonatal emergency

For a neonatal emergency ring 2222 and state neonatal emergency team delivery suite room …….

Refer to the neonatal team as the neonatal team or the neonates. Do not use the term 'paeds'. The paediatric team is based in the main hospital and do not cover the Sharoe Green Unit. Using the term 'paeds' can result in incorrect emergency calls being made.

Obstetric emergency

For an obstetric emergency ring 2222 and state obstetric emergency team delivery suite room ……

This call will alert the delivery suite co-ordinator, the neonatal team, the obstetric team, the anaestheit team and the theatre team of the emergency. The same call is made throughout all of the unit regardless of location or the nature of the emergency. When the decision for category 1 caesarean section is made we activate the 2222 obstetric emergency bleep. This is to faciliatate effective communication between all of the teams and should be activated regardless of who is already in attendance and regardless of location.

Massive obstetric haemorrage

When massive obsetetric haemorrage is declared. Take the woman's notes to the phone and ring 2222 massive obstetric haemorrhage delivery suite room …. Extension number 4731.

This bleep will activate on all of the osbtetric emergency team bleeps but also in the transfusion department and on the porters bleeps. The lab will ring back on the phone number given. They will ask you for the patient details and then you need to state clearly that you require massive haemorrage pack 1. The lab will then give you an estimated time of arrival of your blood products. The lab may instruct you to remove 4 units of group specific blood form the delivery suite fridge if the lady has an active group and save. There will then be a wait for the products to come via porter from the laboratory, they will not all arrive at once as the fresh frozen plasma will need to be thawed and the platelets transported from Lancaster/Manchester. If the patient is moved to theatre before the pack arrives then ring and inform transfusion of the patients location so that the blood products go to the right place. If bleeding is ongoing and the team feel that haemorrage pack 2 is required, ring transfusion and request pack 2, this contains again 4 packs of red cells, 4 pack of fresh frozen plasma, 1 pack of platelets but also contains cryoprecipitate. Once the massive haemorrage is controlled ring tranfusion and stand the massive haemorrage down.

Birth environment matters

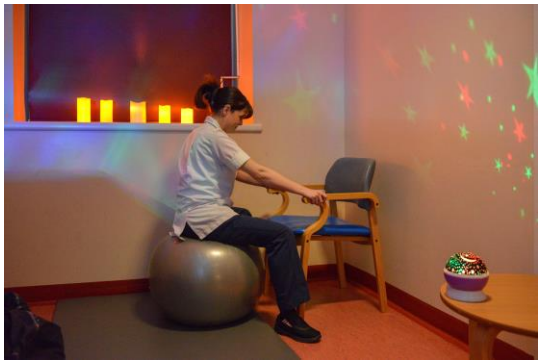
All women regardless of complexity of pregnancy deserve a beautiful birth environment and to have their wishes and choices for care respected.

We have 5 telemetry CTG monitoring units please use wherever possible to encourage mobility and upright birth positions. These units are also water proof, encourage the use of water in labour, we have 3 birthing pool rooms and when our building work is finished we will have birthing pools in 5 of our delivery suite rooms. Disucuss with the delivery suite co-ordinator if a lady would like to use the birthing pool.

We have battery candles and mood lighting globes please facilitate a calm and relaxing environment for women to labour in by dimming the lights and creating a soothing environment.

We offer aromatherapy to women in all birth settings. Speak to the delivery suite co-ordinator about the possibility of using aromatherapy either by inhalation using a diffuser, through massage or adding to the bath or birthing pool.

We also have a 24 hour epidural service and also offer remi-fentanyl. Please make sure that women are aware of all options to them and that they are supported to make informed decisions.



Documentation

Management plans are essential.
Every woman should have a risk assessment and plan docuemented upon admission. Management plans and reassessment of risk factors should be undertakn regularly through labour by both medical and midwifery staff and should be documented on badger.

Your documentation needs to tell the story of the woman's labour and the events that happen. The wizzards are helpful tools to assist documentation but do not forget to free text regularly so that the notes can be read and a clear understanding of the situation can be gained.

Women in labour require a name band - Make sure the lady has a name band when admitted to the delivery suite and if she doesn't print one. Once the baby is born please label the baby wih 2 name bands ASAP (check the labels with the mum prior to applying on the baby).

Fluid balance charts.
For women with a catheter or IV fluids a fluid balance chart is essential. If the lady is in labour this should be maintained on Badger using the fluid balance wizzard. For postnatal women with a urinary catehter or IV fluids please commence a paper fluid balance chart and ensure that it is accutately compelted and is transferred with the woman to the postnatal ward. The fluid balance totals from Badger should be documented on the paper fluid balance chart when started, so that the input and output from labour is acknowledged postnatally.

Risk assessments – pressure care and falls.
Risk assessments for pressure areas and falls should be undertaken upon admission and then reassessed whenever there is a change in the woman's condition. One of the biggest pressure area risk factors for women on delivery suite is epidural analgesia. When an epidural is sited there is a change in the woman's condition as she is no longer fully mobile therefore the full risk assessment for pressure area care needs to be undertaken and appropriate plan made for pressure area care. These risk assessment tools are available in paper format only and are in a draw stacker on the delivery suite front station. Please ensure that these risk assessments are performed and reassessed when there is a change in condition.

VTE risk assessments
For antenatal women on delivery suite ensure TED stockings are measured and fitted and discuss with medical staff if fragmin is required. For postnatal women complete the risk assessment in the purple PN notes and formulate an appropriate management plan based on the risk factors. Early mobilisation and hydration should be facilitated for all women.

Reporting and notification of absence procedure

It is important that all absences are reported appropriately to ensure the smooth running of the maternity service. Therefore all absneces must be reported in the process outlined below:

All absences must be reported, in the first instance, to your line manager directly. If your line manager is unavailable when you contact the department then you must report your absence to the maternity bleep holder. IT IS NOT ACCEPTABLE TO REPORT THE ABSENCE TO ANY ANOTHER PERSON.

You should contact your line manager or the maternity bleep holder as soon as you know you are going to be absent from duty and at least one hour before the commencenment of your shift. If you are unable to speak to your line manager you must contact them at the next available opportunity.

You should report your absence in person and only in exceptional circumstances will it be acceptable to ask someone else to phone on your behalf.
It is only acceptable to report an absence by telehone and not by email or text message.

You should not report your absence as sickness if you are in fact absent for another reason. When you are absnet for caring responsibilities you must advise the person of this. During your telephone call you must advise your line manger or the maternity bleep holder of the reason for your absence and how long it is expected to continue. During the conversation you will also agree when you must phone again to either advise that you will returning to work ot that you need to extend the absence further. You should also contact your line manager anytime you reciev a new medical certificate which extends your absence.

Certification

If the period of sickness extends to a fourth calender day you must provide a self certificate. This can be completed on your return to work.
If the period of sickness extends beyond the seventh calendar day you must provide a medical certificate to cover any further absneces. This should be provided to your manager within 48 hours of receipt.

It is important that the steps outlined in this procedure are followed at all times and failure to follow mmay lead to your absence being classed as unauthorised. This is a disciplinary matter and may also lead to your pay being stopped. All staff absences are monitored by the line manager and when absences reach unacceptable levels, as defined in the trusts sickness absence policy, your manage will meet to discuss this matter with you. In addition on your return to work your manager, or their deputy, will meet with you to conduct a return to work interview with you.

When to Contact the Maternity Bleep Holder - Bleep 4325

Some examples of when to contact the maternity bleep holder are:

- Maternity red flags
- Staffing issues including the movement of staff
- Unresolved capacity issues
- Unresolved theatre issues
- Reporting sickness
- Security issues
- Senior midwifery support required
- Safeguarding issues
- Requests for in-utero transfers from other units.

Maternity red flags

Maternity red flags are:

- Staff unable to take breaks due to lack of time
- Missed or delayed care by midwife
- Missed medication during admission to hospital or midwifery led unit
- Delay of 30 minutes or more in providing pain relief
- Dealy of 30 minutes or more between presentation and triage time
- Full clinical examination not carried out when presenting in labour
- Delay of 3 hours or more in reassessment in the induction of labour process
- Delay of 3 hours of more in transferring women to delivery suite for ARM
- Delay in performing timely observations leading to delay in reognition of and action on abnormal vital signs
- **Any occasion when 1 midwife is not able to provide continuous 1 to 1 care and support to a woman during established labour.**

WHO TO INFORM:

- D/S co-ordinator
- Anaesthetist
- Theatre co-ordinator
- Obstetric consultant (if applicable)
- For CAT 1 C/S - 2222 will inform all of these people + neonatal team

WHAT TO GET READY:

- Wristband for mum
- Theatre Checklist
- Booking form
- Consent form
- Gown & hat
- Pre-meds (ranitidine and metoclopramide)
- Notes (with stickers and TSE form)
- Check blood results and G&S
- Hat and nappy for baby (if applicable)

GOING TO THEATRE

WHEN IN THEATRE:

- Put CTG back on (if applicable)
- Sit for spinal (if applicable)
- Site catheter (If going for LSCS)
- Ask neonatal team to attend (if there for birth)
- Check resuscitaire (if there for birth)
- Scrub (For LSCS)
- Palpate contractions (for instrumental birth)
- For MROP/repair of perineum you don't need to remain in theatre
- For MOH – assist in whatever way possible (getting drugs, blood, documentation etc.)

REASONS YOU MIGHT GO TO THEATRE:

- Instrumental birth
- Caesarean section
- Manual removal of placenta
- Repair of perineum
- Massive obstetric haemorrhage

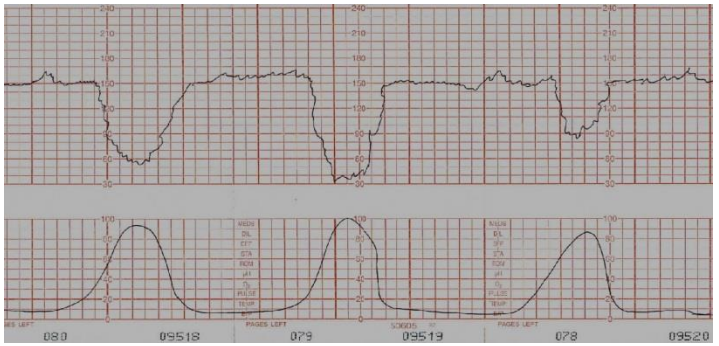
WHAT TO SET UP:

- FBS trolley
- FBS pack
- Aqua-gel
- Cold spray
- Request assistance from 2nd midwife (preferably co-ordinator)
- Position light effectively

WHAT TO DO WITH MUM:

- Explain procedure
- Place into left lateral with leg in stirrup (best practice) Dr's may sometimes request lithotomy
- Support and explain during process

FBS



DURING THE FBS:

- Ensure Dr has all equipment available
- Spray cold spray when requested
- Take 1st or 2nd sample to blood gas machine
- Return and inform Dr and parents of results
- Complete documentation of procedure on k2

RESULTS AND WHAT TO DO NEXT:

- Normal result PH > 7.25 – Continue with labour care – repeat FBS in 1 hour or sooner if required
- Borderline result PH 7.21-7.24 – Continue with labour care – Repeat FBS in 30 mins or sooner if required
- Abnormal result PH ≤7.20 – Immediate delivery/ Category 1 Caesarean section indicated

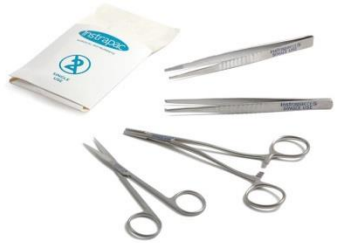
FOR NORMAL BIRTH:

- Normal birth pack
- 5x Swabs
- 1x Cord Clamp
- 2x Receivers (1 for placenta, 1 for water to clean)
- Under buttock sheet
- Towel for baby
- Sterile gloves and blue apron

FOR SUTURING:

- Suturing pack
- 5x swabs
- 1-2 lignocaine
- 10ml syringe
- Green needle
- Suturing needle
- Under buttock drape
- Sterile gloves
- Gown
- PR Diclofenac (if no contraindications)

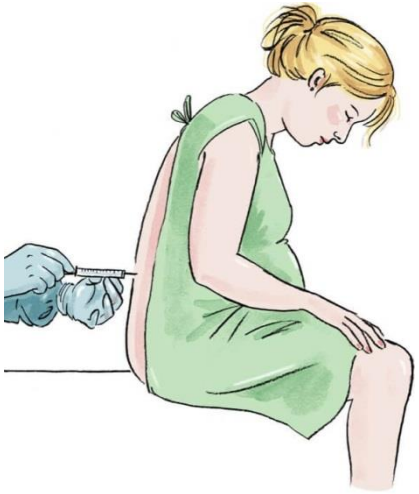
TROLLEY SET UP



FOR INSTRUMENTAL BIRTH IN ROOM:

- Choice of instruments (usually Neville Barnes forceps/Kiwi)
- Normal birth pack + Episiotomy scissors
- Pudendal needle (if no epidural)
- 20ml Syringe
- 2x Lignocaine
- Green needle
- Intermittent catheter
- 2x receivers
- 5x Swabs
- Aqua-gel
- Under buttock sheet
- Cord Clamp
- Sterile gloves
- Cord gas syringes x2 plus needles for following birth.

EPIDURAL



WHAT TO SET UP:

- Basic procedure pack
- Gown, mask and gloves
- Epidural mini pack
- Hydrex pink and hibiscrub
- 1x Lignocaine
- 2x normal saline
- Drip stand with fluids
- Epidural mix bag
- Giving set
- Lock it
- Orange dressing
- 4 short and 1 long mefix dressing
- Cold spray
- Pump

WHAT TO DO WITH MUM

- Sit up in middle of bed knees against bed
- Table and stool in place – feet flat on stool
- Shoulders relaxed
- Arch lower back towards anaesthetist
- Tape top up out of the way if needed
- Move CTG belts out of the way (if on)
- Support and explain what is happening

CARE ONCE AN EPIDURAL IS SITED

- 5min BP & P for 1st 20mins and after top-up
- 1/2 hourly BP & P thereafter
- Start CTG if not already commenced
- IV access and fluids (ideally before epidural is started)
- Assessment of block hourly with cold spray
- Pressure area care
- Bladder care 4hourly and indwelling catheter for 12 hours post-epidural
- After birth/suturing remove epidural – ensure blue tip is seen

WHAT TO DO WITH ABNORMAL FINDINGS

- Low BP < 90 – Request help, administer fluids and place in left lateral if systolic <80 also administer 15L of o2
- Have ephedrine available for anaesthetist
- If abnormal FH – Left lateral and administer fluids – call obstetrician
- Breakthrough pain – assess block with cold spray (if one sided – tilt to this side) administer top up. If ineffective request anaesthetic review